

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214521781				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Raytheon Applied Signal Technology, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F0534216</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 680 W CALIFORNIA AVENUE</p> <p style="text-align: center;">CITY/ST/ZIP: SUNNYVALE, CA 94086</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR. JOHN R TREICHLER TITLE: PRESIDENT ADDRESS: 680 W CALIFORNIA AVENUE CITY/ST/ZIP/CO: SUNNYVALE, CA 94086 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DR. JOHN R TREICHLER TITLE: PRESIDENT ADDRESS: 680 W CALIFORNIA AVENUE CITY/ST/ZIP/CO: SUNNYVALE, CA 94086	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	WILLIAM (BO) THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	680 W CALIFORNIA AVENUE		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086		
NAME:	RICHARD R YUSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 E EL SEGUNDO BLVD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	RICHARD A GOGLIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	STEPHEN J IGLOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	DANA NG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	BROOKE M BARTLESON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	BARBARA A POLLACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2000 E EL SEGUNDO BLVD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	DR. JOHN R TREICHLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHFTECHNOLOGIST		
ADDRESS:	680 W CALIFORNIA AVENUE		
CITY/ST/ZIP/CO:	SUNNYVALE, CA 94086		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BROOKE M BARTLESON	BROOKE M BARTLESON, ASST	4/25/2014	
SIGNATURE OF DIRECTOR/OFFICER	SECRETARY	DATE	
LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			